



## INVENTORY CHANGE

State Form 53291 (6-07)

Indiana Department of Environmental Management (IDEM)

Office of Water Quality - Drinking Water Branch - Compliance Section

|  |                 |
|--|-----------------|
| <b>SYSTEM NAME:</b>  | <b>PWSID #:</b> |
| <b>ACTIVATION</b> <b>RE-ACTIVATION</b> <b>INACTIVATION</b> <b>CONTACT CHANGE</b><br><b>POP. CHANGE</b> <b>NEW POE</b> <b>POE CHANGE</b> <b>SEASON CHANE</b> <b>OTHER</b> | <b>DATE:</b>    |

### SYSTEM DESCRIPTION (General information describing the public water system)

|                         |                    |                    |
|-------------------------|--------------------|--------------------|
| <b>NEW SYSTEM NAME:</b> |                    |                    |
| SYSTEM TYPE (C,N, orT): | BEGIN DATE:        | INACTIVATION DATE: |
| COUNTY:                 | LOCAL HEALTH DEPT: | DISTRICT:          |

### OPERATIONAL INFORMATION (Detailed information regarding the operating parameters of the system.)

|                       |                           |                              |                          |                      |
|-----------------------|---------------------------|------------------------------|--------------------------|----------------------|
| Transient Population: | Non-Transient Population: | Residential Population:      | SOURCE TYPE (G,S, or P): | SERVICE AREA:        |
| OWNER TYPE:           |                           | SEASONAL DATES OF OPERATION: | To                       | SERVICE CONNECTIONS: |

### SYSTEM LOCATION (Address giving the physical location of the water system, not necessarily a valid mailing address.)

|          |        |                   |
|----------|--------|-------------------|
| ADDRESS: |        | TELEPHONE NUMBER: |
| CITY:    | STATE: | ZIP CODE:         |

### OPERATOR INFORMATION (Address & other info. of the individual responsible for operation, maintenance, and sampling.)

|                       |        |                      |                            |                       |
|-----------------------|--------|----------------------|----------------------------|-----------------------|
| ADDRESS:              |        |                      |                            |                       |
| CITY:                 | STATE: | ZIP CODE:            | TELEPHONE NUMBER: (      ) | EXT:                  |
| OPERATOR NAME (FIRST) | (Last) | CERTIFIED? (Y or N): | GRADE:                     | CERTIFICATION NUMBER: |

### MAILING INFORMATION (Address/phone number of the individual responsible for communication with IDEM via mail.)

|                      |                           |                      |
|----------------------|---------------------------|----------------------|
| ADDRESS:             |                           | EMAIL:               |
| CITY:                | STATE:                    | ZIP CODE:            |
| MAILING NAME (First) | (Last)                    | MR./MS./MRS.         |
| MAILING TITLE:       | TELEPHONE NUMBER (      ) | FAX NUMBER: (      ) |

### BILLING INFORMATION (Address/phone number of the individual responsible for finances and bills.)

|                      |                            |                                |
|----------------------|----------------------------|--------------------------------|
| ADDRESS:             |                            | EMAIL:                         |
| CITY:                | STATE:                     | ZIP CODE:                      |
| BILLING NAME (First) | (Last)                     | MR./MS./MRS.                   |
| BILLING TITLE:       | TELEPHONE NUMBER: (      ) | EXT:      FAX NUMBER: (      ) |

### OWNER INFORMATION (Address/phone number of the owner or ultimately responsible party. This address should be used for VRLs.)

|                    |        |  |
|--------------------|--------|--|
| ADDRESS:           |        | EMAIL:   |
| CITY:              | STATE: | ZIP CODE:  |
| OWNER NAME (First) | (Last) | MR./MS./MRS.      TELEPHONE NUMBER: (      )<br>EXT: |

**EMERGENCY CONTACT INFORMATION** (Information below should be used for **infrastructure security** only.)

|                         |  |                |
|-------------------------|--|----------------|
| PRIMARY CONTACT PERSON: |  |                |
| 24-HOUR TELEPHONE:      |  | PAGER NUMBER:  |
| CELLULAR PHONE NUMBER : |  | EMAIL ADDRESS: |

(Information below should be used for **infrastructure security** only.)

|                           |  |                |
|---------------------------|--|----------------|
| SECONDARY CONTACT PERSON: |  |                |
| 24-HOUR TELEPHONE NUMBER: |  | PAGER NUMBER:  |
| CELLULAR PHONE NUMBER :   |  | EMAIL ADDRESS: |

(Information below should be used for **infrastructure security** only.)

|                                    |  |  |
|------------------------------------|--|--|
| LOCAL LAW ENFORCEMENT AGENCY NAME: |  |  |
| TELEPHONE NUMBER:                  |  |  |
| LOCAL FIRE DEPARTMENT NAME:        |  |  |
| TELEPHONE NUMBER :                 |  |  |

**COMMENTS/REASON FOR CHANGE:**

**\*FIELD SIGNATURE:**\_\_\_\_\_ **\*COMPLIANCE SIGNATURE:** \_\_\_\_\_

**\*DATE CHANGED:**\_\_\_\_\_ **\*CHANGED BY:** \_\_\_\_\_